

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/049145**  
APPLICANT(S)

FILED DATE

FILED		CLAIMS									
	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	1									
2	1	1									
3	1	1									
4	2	1									
5	0	1									
6	0	1									
7	0	1									
8	1	1									
9	1	1									
10	2	1									
11	0	1									
12	0	2									
13	0	1									
14	0	1									
15	1	1									
16	1	1									
17	1	1									
18	2	1									
19	0	1									
20	0	1									
21	0	1									
22	1	1									
23	1	1									
24	2	1									
25	0	1									
26	0	1									
27	1	1									
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29	2	1									
30	2	1									
31	1	1									
32	1	1									
33	1	1									
34	1	1									
35	1	1									
36	1	1									
37	0	4									
38	0	4									
39											
40											
41											
42											
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45											
46											
47											
48											
49											
50											
TOTAL IND.	4	1									
TOTAL DEP.	37	34									
TOTAL CLAIMS	41										
51											
52											
53											
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100											
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS